

STATE OF SOUTH DAKOTA
Alcoholic Beverage Excise Tax
MONTHLY TAX PAYMENT FORM

_____/_____
Name of Licensee License Number

Remittance for Month of

Street Address

Spirits/Wine \$

Malt Beverage \$

_____/_____/_____
City State Zip Code

Total Amount Remitted \$

Signature Date Telephone

MAIL TAX RETURN TO: Special Taxes, Department of Revenue 445 E. Capitol Ave., Pierre, SD 57501

MAIL THIS FORM WITH your payment TO: South Dakota Department of Revenue, Box 5055, Sioux Falls, SD 57117-5055